

Board Member Identification Sheet

Public Water System

(MSDH time/date stamp)

 Reviewed by: _____
 (MSDH, staff only)

Public Water System (PWS)

Public Water System – 7 digit ID Number: MS <u>0</u> _ _ _ _ _ _	PWS Name PWS Physical Address	County	NOTE: P.O. Box not acceptable
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Each member elected or re-elected after June 30, 1998, to serve on a governing board of any community Public Water System, except systems operated by municipalities with a population greater than ten thousand (10, 000), shall attend a minimum of eight (8) hours of management training within two (2) years following the election of that board member. In order to ensure that all board members comply with this requirement, please provide the following information for this public water system:

Name and Title of Board Member	Mailing Address	Attended Board Member Training	Driver's License and Telephone Number	Date Term Begins	Date Term Ends
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	()	___/___/___ M D Y	___/___/___ M D Y

For additional entries of Board Members, see page 2

I hereby certify that the above information is true and accurate and that these individuals represent all members of this governing board and that each of these individuals has been duly elected according to the association by-laws or Mississippi election laws, whichever is appropriate. I further certify that this Public Water System will immediately notify the Mississippi State Department of Health when changes are made in the membership of the governing board of this Public Water System.

Name and Title of Person Providing this Information _____ Signature _____ Date _____

Email	water.reports@msdh.ms.gov	Fax	(601) 576-7800 OR (601) 576-7822	Mail U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> - Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700
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Board Member Identification Sheet

Public Water System

Public Water System – 7 digit ID Number:

MS 0

Name and Title of Board Member	Mailing Address	Attended Board Member Training	Driver's License and Telephone Number	Date Term Begins	Date Term Ends
7.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
8.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
9.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
10.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
11.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
12.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
13.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
14.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
15.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
16.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y
17.		___Yes ___No		___/___/___	___/___/___
		Date:___/___/___	()	M D Y	M D Y